



## MANAGED RISK MEDICAL INSURANCE BOARD CAREER EXECUTIVE ASSIGNMENT EXAMINATION ANNOUNCEMENT

California State Government supports equal opportunity to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, sexual orientation, medical condition or pregnancy. It is an objective of the State of California to achieve a drug-free work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the State, the rules governing Civil Service, and the special trust placed in public servants.

<b>DEPARTMENT:</b>	MANAGED RISK MEDICAL INSURANCE BOARD	<b>RELEASE DATE:</b>	Thursday, November 30, 2006
<b>POSITION TITLE:</b>	Deputy Director, Benefits and Quality Monitoring Division	<b>FINAL FILING DATE:</b>	Wednesday, December 13, 2006
<b>CEA LEVEL:</b>	CEA II	<b>EXTENDED FINAL FILING DATE:</b>	Friday, December 22, 2006
<b>SALARY RANGE:</b>	\$ 7,558.00 - \$ 8,333.00 / Month	<b>BULLETIN ID:</b>	11302006_1

### POSITION DESCRIPTION

The Managed Risk Medical Insurance Board (MRMIB) was created in 1990 with a broad mandate to advise the Governor and the Legislature on strategies for reducing the number of uninsured persons in the state. The Board, which meets monthly, is comprised of volunteers appointed by the Governor and the Legislature. The Board has a staff of approximately eighty who work to advance the Board's mission and administer its programs. Information about the Board and its programs is available on the MRMIB website at <http://www.mrmib.ca.gov>.

The Board presently administers the following programs: • The Major Risk Medical Insurance Program (MRMIP) which provides health insurance to Californians who are unable to obtain coverage in the individual insurance market due to a pre-existing health condition; • The Access for Infants and Mothers Program (AIM) which provides low cost health insurance to moderate income pregnant women and their infants; • The Healthy Families Program (HFP) which provides comprehensive health, dental and vision coverage to uninsured children living in low income households; and • The County Health Initiative Matching Fund Program (CHIM) under which counties draw down State Children's Health Insurance Program (SCHIP) funds to pay for coverage to SCHIP eligible children who have incomes above the State maximum.

Also, as part of its mission to provide coverage for the uninsured, the Board is also involved in developing and analyzing approaches for expansion of health care access.

MRMIB is not a typical state agency. It conducts most of its business through contracts -- with managed care plans to provide health care services to subscribers and with administrative vendors to handle enrollment and premium collection functions. The Board leverages use of its relatively small staff to develop program policy, implemented primarily through its contracts, and to monitor contractor performance. Financing for the Board's programs is complex, involving federal, state and county funds as well as funds from insurers. The Board's total budget for its programs exceeds \$1 billion. A major workload in the Administration Division is compliance with federal reporting

requirements, tracking expenditures and billing the federal government, and monitoring the status of federal funding activity. Both AIM and HFP also require extensive coordination with Medi-Cal because they have combined application processes and other inter-relationships.

#### POSITION SUMMARY:

The Deputy Director for Benefits and Quality Monitoring develops and administers statewide program policies for health, dental and vision care benefits and develops and monitors quality improvement standards to ensure compliance with federal and state law and regulations for MRMIB's programs. Under general direction of the Chief Deputy Director, the Deputy Director functions with a high degree of independence and autonomy.

This position formulates, evaluates, and revises program policies for the scope and utilization of health, dental, and vision care benefits, and the development and monitoring of quality improvement standards in MRMIB programs: the MRMIP; AIM; CHIM and HFP. The position oversees the reviews of benefits offered in the Board's programs, with particular emphasis on ensuring the quality of care and health outcome goals are met by plan partners. Duties of particular note include:

- Develops and implements strategies to measure and improve the quality of services that subscribers receive from health, dental, and vision plan contractors, including monitoring plan performance in meeting the Board's quality improvement goals. Develops and implements strategies that ensure subscribers have choices in selecting plans and that ensure subscribers receive culturally and linguistically appropriate services.
- Interprets state and federal benefit policies; reviews and assesses the structure and management of participating health plans programs to ensure they operate consistently with Board's policies; coordinates the review of plans' evidence of coverage documents to ensure they conform to MRMIB requirements and state law. Negotiates with participating health plans to implement or revise their operations to conform to MRMIB regulations, policies, and procedures.
- Develops and implements strategies to improve benefit delivery in the areas of mental health, substance abuse, and access to dental services in the HFP.
- Coordinates programs and activities with other MRMIB Deputy Directors to ensure policy and operational cohesion among program components; coordinates program policies with high level staff of other state departments regarding provision of services to HFP enrollees, particularly with services provided by the California Children's Services Program and county departments of mental health.
- Presents policy recommendations and findings from research studies and reports for the Board's consideration at monthly Board meetings; briefs the Chief Deputy and Executive Director about significant policy matters and advises him/her on issues requiring action. Evaluates findings and recommendations of studies about the effectiveness of other health insurance programs for applicability to MRMIB's programs.
- Advises the Executive Director on the policy and fiscal impact of proposed legislation; provides high level expertise in developing legislative proposals; testifies to the Legislature on benefit policy matters, as appropriate.
- Manages compliance of MRMIB, its health plans and administrative vendors with requirements of the federal Health Insurance Portability and Accountability Act.
- Develops, implements, and administers the benefit-related administrative review and dispute

resolution processes for participating health plans in the MRMIP and AIM Programs. Monitors and develops reports on grievances subscribers file on benefit-related issues.

- Represents MRMIB in meetings with high level health insurance industry representatives, consumer advocate groups, employer organizations, federal officials, high level officials in quality monitoring organizations, high level Administration officials, members of the Legislature and Legislative staff.

## **MINIMUM QUALIFICATIONS**

Applicants must meet the following minimum qualifications:

### **Either I**

Must be a State civil service employee with permanent civil service status.

### **Or II**

Must be a current or former employee of the Legislature for two or more consecutive years as defined in Government Code Section 18990.

### **Or III**

Must be a non-elected exempt employee of the Executive Branch for two or more consecutive years (excluding those positions for which salaries are set by statute) as defined in Government Code Section 18992.

## **KNOWLEDGE AND ABILITIES**

Applicants must demonstrate the ability to perform high administrative and policy – influencing functions effectively. Such overall ability requires possession of most of the following more specific knowledge and abilities:

(1) Knowledge of the organization and functions of California State Government including the organization and practices of the Legislature and the Executive Branch; principles, practices, and trends of public administration, organization, and management; techniques of organizing and motivating groups; program development and evaluation; methods of administrative problem solving; principles and practices of policy formulation and development; and personnel management techniques; the department's or agency's Equal Employment Opportunity Program objectives; and a manager's role in the Equal Employment Opportunity Program.

(2) Ability to plan, organize, and direct the work of multidisciplinary professional and administrative staff; analyze administrative policies, organization, procedures and practices; integrate the activities of a diverse program to attain common goals; gain the confidence and support of top level administrators and advise them on a wide range of administrative matters; develop cooperative working relationships with representatives of all levels of government, the public, and the Legislature and Executive branches; analyze complex problems and recommend effective courses of action; and prepare and review reports; and effectively contribute to the department's or agency's Equal Employment Opportunity objectives.

These knowledge and abilities are expected to be obtained from the following kinds of experience with substantial participation in the formulation, operation and/or evaluation of program policies (experience may have been paid or volunteer; in State service, other government settings, or in a

private organization):

**CEA Level 1.** Supervisory/administrative experience in a line or staff activity, including the execution and/or evaluation of program policies.

**CEA Levels 2 and 3.** Broad administrative or program manager experience with substantial participation in the formulation, operation, and/or evaluation of program policies.

**CEA Levels 4 and 5.** Extensive managerial and program administrative experience which has included substantial responsibility for a combination of management functions such as program planning; policy formulation; organization coordination and control; and fiscal and personnel management. Where high technical professional qualifications are of primary importance in performing the duties of a given CEA position, then the above required experience may have been in a staff capacity exercising professional skills to influence and contribute to program, policy, and methods of providing those professional services. Primary examples are medical doctors and attorneys.

### **DESIRABLE QUALIFICATION(S)**

In appraising experience, weight will be given to the following desirable qualifications, as well as possession of the aforementioned minimum qualifications:

- Knowledge of the California health plan/insurance marketplace, including trends, issues and stakeholders with particular knowledge of health benefits related issues.
- Demonstrated managerial experience overseeing a number of research projects and activities while managing ongoing operational activities.
- Familiarity with quality improvement strategies for health care services.
- Experience working with a public board or similar body.
- Strong leadership and management team experience demonstrating an ability to create a clear vision, set goals and expectations, exhibit informed decision making, encourage teamwork and initiatives at all levels, and use sound judgment in managing complex and varied programs.
- Demonstrated strength in communicating complex and/or sensitive information in both oral and written format.
- Techniques for continuous process improvement and maintaining quality customer service.
- Understanding of the basic principles of data management, including data analytics and validation of data provided by plans and vendors as well as compiling and formatting such data for reporting and monitoring purposes.
- Ability to coach employees and create a work environment that stimulates learning, encourages growth, and recognizes individual achievements to ensure peak performance.
- Demonstrated strength in critical thinking and communicating complex and/or sensitive information in both oral and written formats.

**EXAMINATION INFORMATION**

A minimum rating of 70% must be attained to obtain list eligibility. Hiring interviews may be conducted with the most qualified candidates. All candidates will receive written notification of their examination results. The result of this examination will be used only to fill the position of **Deputy Director, Benefits and Quality Monitoring Division**, with the **MANAGED RISK MEDICAL INSURANCE BOARD**. Applications will be retained for twelve months.

*The Results of this examination will be used only to fill this position and may be used to fill subsequent vacancies for this position for a period of up to twelve months.*

**FILING INSTRUCTIONS**

All interested applicants must submit a standard original State application (Std. 678) and a Statement of Qualifications to:

By Mail: Managed Risk Medical Insurance Board, Personnel Office – Exams, P.O.Box 2769, Sacramento, CA 95812-2769

In Person: Managed Risk Medical Insurance Board, Personnel Office – Exams, 1000 G Street Suite 450, Sacramento, CA 95814

Applications postmarked, personally delivered, or received via interoffice mail after 5:00 p.m. on the final filing date will not be accepted.

**Interested applicants must submit:**

- A completed Standard State Application (Form 678).
- A "Statement of Qualifications". The Statement is a narrative discussion of how the candidate's education, training, experience, and skills meet the minimum and desirable qualifications and qualify them for the position. The Statement of Qualifications serves as a documentation of each candidate's ability to present information clearly and concisely in writing and should be typed and no more than two pages in length.
- Resumes do not take the place of the Statement of Qualifications.

**Applicants who fail to submit the Statement of Qualifications may be eliminated from this examination process.**

**The application, Statement of Qualifications and resume must be submitted by the final filing date to:**

MANAGED RISK MEDICAL INSURANCE BOARD, Human Resources Office  
1000 G Street, Suite 450, Sacramento, CA 95814  
Valerie Castro | 916-327-8011 | vcastro@mrrib.ca.gov

**SPECIAL TESTING**

If you have a disability and need special testing arrangements, mark the appropriate box in Part 2 of the "Examination Application." You will be contacted to make specific arrangements.

**GENERAL INFORMATION**

If you meet the requirements stated in this bulletin, you may take this examination, which is competitive. Possession of the entrance requirements does not assure a place on the eligible list. Your performance in the examination described on this bulletin will be compared with the performance of others who take this test, and all candidates who pass will be ranked according to

their scores.

The MANAGED RISK MEDICAL INSURANCE BOARD reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service law and rules and all competitors will be notified.

**General Qualifications:** Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgement, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties of the class.

**Class specs:** <http://www.dpa.ca.gov/textdocs/specs/s7/s7500.txt>